

# *State Office of Victim Assistance*

## *An Office of the Governor*

### **BENEFITS QUICK REFERENCE CHART**

<b>Available Benefits</b>	<b>Legal Authority</b>	<b>Who may receive the benefit?</b>	<b>Limits</b>	<b>Requirements</b>
Burial Expenses	16-3-1180(A) (5)	*Claimant who contracts with the funeral home and is responsible for the bill	\$4,000.00	*Copy of itemized funeral bill *Death Certificate
Medical Expense	16-3-1180(C)	*Victim requiring medical services Resulting from a crime	\$15, 000.00 (up to an additional \$10,000.00 if extraordinary circumstances exists and are documented	*Copy of itemized medical bill(s) *Insurance information involved *EOB (Explanation of Benefits)
Counseling Expenses	16-3-1180(A) (1)	*Victim of a crime with physical or Emotional trauma *Claimant who is an immediate family member/survivor of a homicide case	Up to 180 days from first charged session or 20 sessions (whichever is greater)	*Copy of itemized counseling bill(s) from a licensed counselor *A licensed counselor must submit Mental Health Treatment Plan *Must file with insurance first
Lost Wages	16-3-1180(A) (3)	*Victim currently employed at time of crime	2/3 of average weekly wages up \$15,000.00 compensation maximum	*Victim must be unable to work for at least 2 weeks in a row *Complete Physician's Disability Report from doctor, showing how long victim is unable to work

**Reference Chart Continued:**

Available Benefits	Legal Authority	Who may receive the benefit?	Limits	Requirements
Loss of Support	16-3-1180(A) (3)	*Claimant may request Loss of Support when it is medically/ emotionally necessary to be absent from work to care for a minor child spouse, or family member. Call SOVA for more information about this benefit.	2/3 of average wages up to the \$15,000.00 compensation maximum	*Completed Employer's Report from employer stating the average weekly amount victim earned and how much time has been missed from work. *If victim is self-employed, provide copy of prior year's income tax return. *If victim receives Social Security, benefits stop. However, if disability benefits are earned through employer, SOVA will offset the amount.
Mileage	16-3-1180(A) (3)	*Victim/claimant who must travel more than 5 miles one way to visit the doctor, counselor, or physical therapist	Current mileage rate at time of the incident	*Victim/claimant must submit a statement that indicates the date of each visit, the destination, and the mileage one way. *SOVA does not pay mileage for courtroom appearances, meetings with law enforcement or Solicitors
Sexual Assault Protocol/Child Abuse	16-3-1350	*Victim of sexual assault or child abuse	SOVA pays according to fee schedule. Victim and insurance company are not to be billed.	*Must have occurred in SC *Copy of itemized bill *Legible copy of SLED forms from protocol kit